

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-015962

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 195

Primary Registration District No.

Registrar's No. 28-62

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN AndersonLength of stay in lb
3 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Goldie Smith Rest HomeInside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDonald

c. CITY OR TOWN Anderson

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NONEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles Roy Amos

4. DATE OF DEATH

Month

Day

Year

April 18 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

02/18/1892

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired10b. KIND OF BUSINESS OR INDUSTRY
NONE11. BIRTHPLACE (City and state or country)
UNKNOWN, KANSAS12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ernie Meares

Address

Anderson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

4 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

C.V.R. - 3/12/62

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Aspirin NCOA left lungs 3/26/62

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/12/62 to 4/15/62 and last saw him alive on 4/15/62
Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmund H. C.

22b. ADDRESS

Anderson Mo

22c. DATE SIGNED

4/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

Anderson

23d. LOCATION (City, town, or county)

Anderson Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rohrer Funeral Home

Anderson, Mo.

25. DATE RECD. BY LOCAL REG.

April 20, 1962

26. REGISTRAR'S SIGNATURE

Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10600

20600

3

4 0

5 2

6

7 1

8 2

9 331X

10

11

12 26-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Robert C. Roller

Licensed Embalmer No. 3862

P. O. Address Andover, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.